



Authorization Requirements

Health Net Health Plan of Oregon, Inc. (Health Net)

- *EPO*
- *Point of Service (POS)*
- *PPO*
- *CommunityCare*

All services are subject to benefit plan coverage, member eligibility, and medical necessity in order for any plan benefit to be a covered service, irrespective of whether prior authorization is required. When faxing a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

This prior authorization list contains some services that require prior authorization and is not intended to be comprehensive a list of covered services. The member's plan contract or Evidence of Coverage (EOC) provides a complete list of covered services. Plan contracts and EOCs are available to members on the member portal at www.healthnet.com or in hard copy on request. Providers may obtain a copy of a member's plan contract or EOC by requesting it from the Health Net Customer Contact Center or by visiting <https://www.healthnet.com/portal/provider/home.ndo>.

Referrals to participating specialists – Providers are not required to obtain prior authorization from Health Net for referrals to Health Net participating specialists. This does not change the requirement that EPO, Triple Option/POS or CommunityCare members must coordinate their care through their primary care physicians (PCPs).

Unless noted differently, all services listed below require prior authorization from Health Net. Refer to Prior Authorization Contacts for submission information. Providers can refer to the member's Health Net identification (ID) card to confirm product type. For reference, CommunityCare is abbreviated CC.

INPATIENT SERVICES		Commercial EPO, POS, PPO, CC
Behavioral Health or Substance Abuse Facility	Authorized by MHN	X
Hospice	Acute inpatient admission and elective surgeries, inpatient rehabilitation, Long Term Acute Care Hospital (LTAC)	X
Hospital		X
Skilled Nursing Facility		X
Urgent/Emergent Admission	Notification required no later than 24 hours or by the next business day	X
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Ambulance	Fixed-wing aircraft – Non emergent	See EOC
Balloon Sinuplasty		X
Bariatric Procedures		X
Behavioral Health and Substance Abuse	<ul style="list-style-type: none"> • Authorized by MHN • Includes but is not limited to, neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visit 	X
Blepharoplasty (includes brow ptosis)		X
Breast Reduction and Augmentation	<ul style="list-style-type: none"> • Except following mastectomy • Includes gynecomastia or macromastia 	X
Capsule Endoscopy		X
Chondrocyte Implants		X
Clinical Trials		X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Cochlear Implants		X
Dermatology (In-Office Procedures)	<p>Includes any procedure directed at improving appearance, except when required for the prompt (as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. Including but not limited to the following:</p> <ul style="list-style-type: none"> • chemical exfoliation and electrolysis (17360-17380) • dermabrasion/chemical peel (15780-15793) • laser treatment (17106-17108) • skin injections and implants (11900-11980) 	X
Diagnostic Procedures	<p>Authorized by National Imaging Associates, Inc. (NIA)</p> <p><u>Advanced Imaging:</u></p> <ul style="list-style-type: none"> • Computed tomography (CT)/computed tomography angiography (CTA) • Magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA) • Positron emission tomography (PET) scan <p><u>Cardiac imaging:</u></p> <ul style="list-style-type: none"> • Coronary computed tomography angiography (CCTA) • Myocardial perfusion imaging (MPI) • Multigated acquisition (Muga) scan • Stress echocardiography • Transthoracic echocardiography (TTE) • Transesophageal echocardiography (TEE) 	X
Durable Medical Equipment (DME)	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> • bone growth stimulators • customer-made items, including wheelchairs • hospital bed/mattresses • power wheelchairs • scooters 	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
DME –Bilevel Positive Airway Pressure (BiPAP) And Ventilators	Refer members to Apria Healthcare	X
Excision, excessive skin and subcutaneous tissue (including lipectomy or panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas		X
Experimental/Investigational Services and New Technologies	Includes, but not limited to, those listed in the Investigational Procedures List located on the Health Net provider website at provider.healthnet.com > Working with Health Net > Clinical > Medical Policies > Investigational Procedure List	X
Gender Reassignment Services (Transgender Services)		X
Genetic Testing	Includes counseling	X
Liposuction		X
Maternity	Notification required only at time of first prenatal visit	X
Neuro and Spinal Cord Stimulators		X
Occupational, Physical and Speech Therapy	Oregon Plans -Prior authorization not required for initial evaluation and modalities done on the same day **Washington Group PPO—Effective 6-1-2018—the initial evaluation visit and six (6) consecutive follow-up treatment visits do not require prior authorization if it is for a new or recurrent condition that has not been treated by the contracting provider within the previous 90 days.**	X
Orthognathic Procedures	Includes: <ul style="list-style-type: none"> • TMJ treatment 	X
Orthotics	Custom made orthotics	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Otoplasty		X
Penile Implant		X
Prosthetics	Prior authorization required for items exceeding \$2,500 in billed charges	X
Referrals to Nonparticipating Providers	Applicable to EPO members only	X
Rhinoplasty		X
Septoplasty		X
Spinal Surgery	Includes, but is not limited to, laminotomy, fusion, diskectomy, vertebroplasty, nucleoplasty, stabilization and X-Stop	X
Total Joint Replacements		X
Transplant	Transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search, and transplant procedure	X
Treatment of varicose veins		X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP		X
Vermilionectomy (lip shave), with mucosal advancement		X
Vestibuloplasty		X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)		
Newly Approved Medications	May require prior authorization, call 1-888-802-7001	X
Self-injectables	Authorized by Health Net's PBM	X
	When used as a chemotherapy adjunct, prior authorization not required	X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)

<ul style="list-style-type: none"> • Actemra® • Aldurazyme® • Aralast® • Aranesp® • Benlysta® • Botox® • Brineura® • Cerezyme® • Cimzia® • Cinqair® • Cinryze® • Cosentyx® • Crysvita® • Dupixent® • Durolane® • Dysport® • Elaprase® • Elelyso® • Entyvio® • Euflexxa® • Exondys 51® • Eylea® • Fabrazyme 	<ul style="list-style-type: none"> • Fasenra® • Gel-One® • Gelsyn-3® • GenVisc®850 • Glassia® • H.P. Acthar® Gel • Hemophilia Factors • Hyalgan® • Hymovis® • Ilaris® • Immune Globulin • Inflectra® • Krystexxa® • Kymriah® • Lemtrada® • Lucentis® • Lumizyme® • Luxturna® • Macugen® • Mepsevii® • Mircera® • Monovisc® • Myobloc® 	<ul style="list-style-type: none"> • Myozyme® • Naglazyme® • Nplate® • Nucala® • Ocrevus® • Onpatro® • Opdivo® • Orencia® • Orthovisc® • Prevymis® • Probuphine® • Prolastin® • Provenge® • Radicava® • Radiesse® • Remicade® • Remodulin® • Renflexis® • Rituxan® (non-oncology only) • Rituxan Hycela® • Sculptra • Simponi® Aria® 	<ul style="list-style-type: none"> • Soliris® • Spinraza® • Stelara® • Sublocade® • Supartz FX® • Sustol® • Synagis® • Synvisc One® • Synvisc® • Trogarzo® • Tysabri® • Ventavis® • Vimizim® • VISCO-3® • Visudyne® • Vpriv® • Xeomin® • Xiaflex® • Xolair® • Yescarta® • Zemaira® • Zilretta® • Zinplava® 	<p>Authorized by Health Net's PBM Immune globulin examples: Intravenous immunoglobulin (IVIG), Hizentra® HYQVIA</p>
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CONTACTS	Commercial EPO, POS, PPO, CC
Prior Authorization Requests	Requests can be submitted via provider portal at provider.healthnet.com .
	See provider portal quick start guide for additional guidance.
	Phone: 1-888-802-7001, select 1 for Member and Provider Services, Select 2 for Provider, then select appropriate option for dental, vision, alternative health practices, behavioral health, or all other inquiries. Fax: 1-800-495-1148
Provider Status/Member Eligibility and Benefits	1-888-802-7001 provider.healthnet.com
Health Net's Pharmacy Benefit Manager (PBM)	Phone: 1-888-802-7001 Fax: 1-800-255-9198
Health Net's Customer Contact Center	1-888-802-7001
MHN (Behavioral Health Provider)	1-800-977-8216 Provider Portal: https://mhn.com/provider/start.do
National Imaging Associates, Inc. (NIA) (For Advanced Imaging Requests)	1-800-424-4811 Online Submission: http://radmd.com/radmd-home.aspx
Apria Healthcare (For BiPAP)	1-800-277-4288
American Specialty Health Plans, Inc. (Ash Plans)	1-800-972-4226
	1-800-678-9133
Coram (specialty infusion services)	Phone: 1-877-328-5724 Fax: 1-866-776-6815